

02-12-06

EXPRESS MAIL NO. EV741776813US

IFW/

**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

Application Number	10/679,303
Filing Date	October 7, 2003
First Named Inventor	Gregory S. Hamilton et al.
Art Unit	1624
Examiner Name	Kahsay Habte, Ph.D.
Attorney Docket No.	480102.444

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| ☒ Fee Transmittal Form | ☐ Drawing(s) | ☐ After Allowance Communication to TC |
| ☒ Fee Attached | ☐ Request for Corrected Filing Receipt | ☐ Appeal Communication to Board of Appeals and Interferences |
| ☒ Amendment/Response | ☐ Licensing-related Papers | ☐ Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) |
| ☐ After Final | ☐ Petition | ☐ Proprietary Information |
| ☐ Affidavits/declaration(s) | ☐ Petition to Convert to a Provisional Application | ☐ Status Letter |
| ☐ Extension of Time Request | ☐ Power of Attorney, Revocation, Change of Correspondence Address | ☒ Return Receipt Postcard |
| ☐ Express Abandonment Request | ☐ Declaration | ☐ Other Enclosure(s) (<i>please identify below</i>): |
| ☐ Information Disclosure Statement and Transmittal | ☐ Statement under 37 CFR 3.73(b) | _____ |
| ☐ Cited References | ☐ Terminal Disclaimer | _____ |
| ☐ Certified Copy of Priority Document(s) | ☐ Request for Refund | _____ |
| ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53 | ☐ CD, Number of CD(s) _____ | _____ |
| ☐ Response to Missing Parts/Incomplete Application | ☐ Landscape Table on CD | _____ |

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

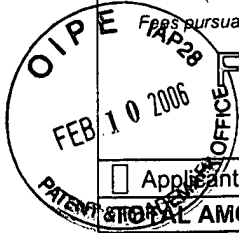
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Carol D. Laberty, Ph.D.		
Date	February 10, 2006	Reg. No.	51,909

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	***SENT VIA EXPRESS MAIL***		
Typed or printed name		Date:	

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
746350_1.DOC



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **for FY 2006**

Complete if Known

Application Number	10/679,303
Filing Date	October 7, 2003
First Named Inventor	Gregory S. Hamilton et al.
Examiner Name	Kahsay Habte, Ph.D.
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☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180)
METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ -20 or HP = _____	X	_____	_____	Fee (\$)
				Fee Paid (\$)
				<u>180</u>

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP = _____	X	_____	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	/50 = _____	_____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<i>Carol D. Laherty</i>	Registration No. (Attorney/Agent)	51,909	Telephone	206-622-4900
Name (Print/Type)	Carol D. Laherty, Ph.D.	Date	February 10, 2006		



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Gregory S. Hamilton et al.
Application No. : 10/679,303
Filed : October 7, 2003
For : COMPOUNDS HAVING SIMULTANEOUS ABILITY TO BLOCK
L-TYPE CALCIUM CHANNELS AND TO INHIBIT
PHOSPHODIESTERASE TYPE 3 ACTIVITY

Examiner : Kahsay Habte, Ph.D.
Art Unit : 1624
Docket No. : 480102.444
Date : February 10, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents:

In response to the Restriction Requirement dated October 27, 2005, and further to the previous response filed on December 20, 2005, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

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